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7590

05/28/2004

Striker Striker & Stenby 103 East Neck Road Huntington, NY 11743



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Michael J.	Striker	(Depositor's name)
	~	(Signature)
08/10/20	04	(Date)

ſ	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
٠	10/030,335	04/17/2002	Michael Weiler	1810	5874

TITLE OF INVENTION: WIPER SYSTEM FOR MOTOR VEHICLES

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	08/30/2004
EXA	MINER	ART UN	IT	CLASS-SUBCLASS		
FLETCHER	R, MARLON T	2837		318-445000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names o	inting on the patent front page f up to 3 registered patent a	attorneys or Michae	el J. Striker
			agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Robert BOsch GmbH

STuttgart, Germany

Please check the appropriate assignee category or categorie	s (will not be printed on the patent);		corporation or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):		/			
Issue Fee	A check in the amo	unt of the fee(s)	is enclosed.			
Issue Fee Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies	The Director is he Deposit Account Num	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, deposit Account Number $19-4675$ (enclose an extra copy of this form).				
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(Authorized Signature)	(Date)
	08/10/2004
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